

Medical Care Advisory Committee (MCAC)

Monday, March 15, 2021

Minutes

Members Present:

Lisa Adams, Kathy Bates, Nick Carano, Lisa DiMartino, Tamme Dustin, Ellen Keith, Peter Marshall, Dawn McKinney, Paula Minnehan, Sarah Morrison, Kara Nickulas, Ken Norton, Ronnieann Rakoski, Marie Ramas, Bill Rider, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Mel Spierer, Holly Stevens, Carolyn Virtue, Nichole VonDette, Heather Young, Jim Zibailo

Members Excused: Sai Cherala

DHHS: Henry Lipman, Alyssa Cohen, Brooke Belanger, John Williams, Laura Ringelberg, Patrick McGowan, Leslie Melby, Jane Hybsch, Dawn Landry, Dr. Sarah Finne, Shirley Iacopino, Jill Fournier, Brian Clark, Carolyn Richards, Audrey Mulliner

Guests: Deb Chovetkys, Nick Toumpas, Deb Fournier, Scott Westover, Dan Courter, Audrey Gerkin, Jasmine Harris, Nicole St. Hilaire, Rich Sigel, Jesse Fenelly, Chris Allibrandi, Lisa Pettengill, Pam Becker, Tory Jennison

Announcements, Carolyn Virtue, Chair

Questions on case management were raised at a previous meeting. It was requested that DLTSS return to MCAC to provide additional information.

Review/Approval: February 8, 2021 minutes. M/S/A.

Legislation, John Williams, Esq, Director, Legislative Affairs

The biennial budget is currently under review by the House. Bills are grouped by subject matter into omnibus bills to reduce the number of hearings.

HB 103 and SB 150 establish a Medicaid adult dental benefit. The Senate version (SB 150) will move forward. The effective date was changed to Jan 1, 2022. The fiscal note will be sent to members.

HB 290 exempts certain health facilities from certain state requirements if they exclusively provide care to private pay patients. The committee recommended the bill be killed

SB 149 clarifies Medicaid spend-down requirements to treat mental health expenses as medical expenses. It prohibits the placement of NH Medicaid recipients in out-of-state facilities that do not meet NH standards. NH cannot legally mandate its licensing standards on other states. There are ongoing discussions to improve efforts to keep NH residents in NH.

SB 140 provides funding for primary prevention services for families. Referred to Senate Finance.

HB 191 requires transparency for inter-facility transports under commercial insurance and managed care.

HB 601 prohibits sharing of personal information between health and social service agencies. The bill therefore creates an impediment to providing services. Will be retained for telehealth legislation next year.

SB 162 is an omnibus bill requested by DHHS. The health facilities section corrects a misalignment of sunset provisions and dates of the certificate of need statute and adds a provision on access and availability of services, mostly for critical access hospitals.

External Quality Review (EQR), Patrick McGowan, Medicaid Quality Program, Debra Chotkevys, Health Services Advisory Group

The quality strategy for the managed care program requires an annual review by an external contractor to evaluate the MCOs. This includes contract compliance, encounter data validation, performance measure validation, and performance improvement projects.

Debbie Chotkevys of the Health Services Advisory Group presented three activities. The 2020 EQR technical report contains HEDIS and CAHPS rates for NH Healthy Families (NHHF) and Well Sense (WS) in CY 2019. AmeriHealth Caritas NH (ACNH) began later in the year (Sept).

- Contract Compliance: Rates achieved for ACNH – 86.9%; NHHF – 94.3%; WS – 94.5%. Rates below 100% must be addressed in corrective action plans. All three plans have achieved 100%.
- Performance improvement projects (PIP): All MCOs chose diabetes. The second PIP must be mental health.
- Performance measure validation (PMV): All PMV rates for 13 measures were acceptable and achieved 100%.
- Encounter data validation: Five standards evaluated for professional, institutional, and Pharmacy National Council for Prescription Drug Program encounters. ACNH and NHHF achieved compliance in all but 2 categories. WS achieved compliance in all but 4 categories.

MCM program evaluations included interviews during Fall 2019 and Spring 2020, as well as a secret shopper survey on primary care physicians. Just over half of the primary care locations accepted new patients. The provider satisfaction survey was delayed due to the pandemic. All data is available on the Medicaid quality website.

P McGowan will return next month to provide additional information.

Department Updates, Henry Lipman, Medicaid Director

- Budget, FY 2022/2023: The House Finance Committee, Division III (health subcommittee) is currently working on the DHHS budget. More information on the status of Medicaid budget items will be available for the April meeting. Division III information, e.g. documents and recordings of meetings are available at http://www.gencourt.state.nh.us/LBA/Budget/HF_Division_III.aspx.
- Disability Determinations: Applications over 90 days are increasing. This will be discussed at next month's meeting.
- Private Duty Nursing, Jane Hybsch reported on the pilot project initiated in December. Family members are paid for personal care services. Of the 50 families who qualify, 13 are employed by GSIL. A second group of qualifying families were contacted. Of those, 6 are employed by GSIL and several more families are pending. NH Family Voices is assisting with letters and a short survey. A listening session will be held for families to obtain feedback on strengths and opportunities. MCOs will reach out to families who declined. Results will be shared at a future meeting.
- Adult Dental Benefit. Dr. Finne referred to the legislative update provided by J Williams. The bill's sponsors have recognized the contributions of the adult dental work group.
- MEAD: The emergency rule is in place. A draft of the proposed final MEAD rule was sent to MCAC today. The 2-week requirement to send the rule to MCAC was not met, but the Department is open to further discussion. Since June, DHHS has been working with NHLA on the method by which MEAD determinations are made. Work with NHLA on the rule is ongoing. The rule hearing is scheduled for

June. The rule must be filed this week for JLCAR's June meeting. MEAD rule subcommittee members: M Winchester, C Virtue, K Bates, D McKinney

Public Health Emergency:

- Enrollment/Eligibility Redeterminations. As of the first week in March, total Medicaid enrollment was 216,300. Of these individuals, 143,251 are enrolled in standard (non-Medicaid expansion) eligibility categories, and 73,049 are enrolled in Granite Advantage (Medicaid expansion). Growth (from 3/16/20 to 3/8/21) is 38,800 (21.9% increase), an increase of 17,196 individuals (13.1% increase) on standard Medicaid and 21,684 individuals (42.2% increase) on Granite Advantage.

Significant engagement of stakeholders is planned as well as a MCAC subcommittee to plan for the smooth transition for the end of the PHE.

- COVID Testing and Vaccine Coverage, Alyssa Cohen, Deputy Medicaid Director
Phase 2a of the vaccine rollout is taking place to vaccinate teachers and childcare workers. Phase 2b starts March 22 for those age 50 and older and those with one underlying condition. The state has a new state-run vaccine registration system. Non-emergency medical transportation (NEMT) is covered to and from vaccination sites, and is available for anyone other than Medicaid beneficiaries who needs it. Phone 866-365-4349.

Subcommittees. Carolyn Virtue, Chair

- Membership Committee, Jonathan Routhier, Vice Chair
The committee will meet to consider nominations for 2021/2022. Nominations for member renewals, Chair, and Vice Chair will be finalized by June 30, 2021. All members are invited to attend the meeting. A calendar invite will be sent.
- Telehealth Rule Subcommittee
N Rollins reported. Language has been reviewed and will be updated. Will meet in a few weeks for MCAC to report out.

Agenda Items – April 12, 2021

Guidehouse report: LTSS findings and recommendations

Closed loop referrals

External Quality Review Q&A

American Rescue Plan

Case management

Motion to adjourn: m/s/a